



Appeal # _____
For Office Use Only

CITY OF SEDONA, ARIZONA CAPACITY FEE AND WASTEWATER RATE APPEALS APPLICATION

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

PROPERTY ADDRESS FOR WHICH APPEAL APPLIES:

PARCEL#: _____ ACCOUNT: _____

RESIDENTIAL PROPERTY: Yes___ No___ COMMERCIAL PROPERTY: Yes___ No___

PLEASE EXPLAIN AS THOROUGHLY AS POSSIBLE THE REASON FOR THE APPEAL:

All documentation should be submitted with the Appeals Application.

The City of Sedona Finance Office prior to scheduling a Hearing will review this application. The Finance Operations Manager may request a meeting to discuss the appeal and attempt to come to an applicable solution. If the decision were not acceptable, the appeal would be forwarded to the Hearing Officer.

In the event a hearing is scheduled: Appeal Hearings will be held at the earliest date as can be scheduled with the Hearing Officer. A letter of confirmation informing you of the date and time of your appeal will be sent to your mailing address above.

Applicant Signature

Date

Confirmation of
Receipt of Materials/Date